

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
USE WITH FORM PRO-57

SERIAL NO.

FILED DATE

FILED OFFICE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND							TOTAL IND						
TOTAL DEP							TOTAL DEP						
TOTAL CLAIMS							TOTAL CLAIMS						